

CLAIMS ONLY

Application Number 101591289	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
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11						
12						
13						
14						
15						
16						
17						
18						
19	1					
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23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38	1					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	17					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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99						
100						
Total Indep						
Total Depend						
Total Claims						